

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)		09/744042	
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* IND.	* IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		
2							52		
3							53		
4							54		
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44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		